

STANDARD CERTIFICATE OF DEATH

State, File No.

544

254

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mills Convalescence Home</u>			d. STREET ADDRESS (If rural, give location) <u>Savoy Hotel</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilla</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Adkins</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>May 3-1865</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Liberty, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>			
13a. FATHER'S NAME <u>Lee A. Adkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Keeler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alex Adkins</u> ADDRESS <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ovarian tumor (inoperable)</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/26</u> , 19 <u>50</u> , to <u>1/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/11</u> , 19 <u>51</u> , and that death occurred at <u>10:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. B. Cracken</u> (Degree or title)		23b. ADDRESS <u>M. D. Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>1/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>1-18-51</u>		24f. REGISTRAR'S SIGNATURE <u>Therese Holmes</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Archer Co.</u>		24h. ADDRESS <u>Liberty, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4448

P. O. Address Liberty mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.